

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE - Credentialing Division P.O. Box 94986, Lincoln, Nebraska 68509-4986 402-471-2117

Nursing Home Administration APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION PROGRAM

SEC	CTION A - Applicant's Nar	me and Address (Please	print your n	ame and full address)		1
Fir		Middle:	Las		Check t the training	is for
Str	eet/PO/Route:				preceptor e	ducation
Cit	y:	State:	Zip			
Sigr	nature:		1			
Date	e:	Teleph	none Numbe	r:	Fee: \$	10.00
SEC	CTION B - Sponsor/Provid	ler Information				
1	Name of Sponsor/Provider:	Name:				
2	Address:	Street/PO/Route:				
		City:		State:	Zip:	
SE	CTION C – Program Infor	mation				
1	Name of Program:					
	Objective: Describe ho	ow this program is relate:	s to Nursing	Home Administration		
2						
3	Type of Program (Pleas					
	Academic Credit	t: 1 semester hour = 5 C	Continuing E	ducation Hours / 1 quarter hour = 3	Continuing Educat	ion Hours
	Workshop, clinic	, lecture, forum, seminar	r, etc: (60 m	inutes = 1 Continuing Education Ho	ur)	
4	Number of Clock Hours	Requested for Approval	(does NOT i	include time for breaks and meals):		
5	Location of Program:					
6	Date(s) of Program:					
7	Is this program open to a	all Nursing Home Admini	istrators?		Yes	No
			BOARD	DECISION		
	Approved	hours credit				
_						
(8	Signature of Reviewer)			(Date)		

SECTION D - Program Agenda

- ▶ A copy of the program **agenda must be attached** to this request that includes the following information:
 - Name of program
 - Number of hours requested
 - Start and end times of each subject
 - · Start and end time of all breaks and lunch/dinner
 - Date(s) of program

SECTION E – Method of Program **Attendance** Verification

→ Attach a sample copy of the documentation the provider issues to licensees as proof of attendance at the program. This must include: participant name, name of provider and provider's signature, name of program, date of program, hours earned by participant, and location of program.

SECTIO	ON F - Progr	am N	Nonitoring: Indicate the method for	monitoring and verifying attendance)				
	Monitor at the door								
	Other, Explain:								
SECTIO	ON G - Progr	am 1	Topic Area: Indicate the topic area						
	Applicable	sta	ndards of environmental health	and safety;					
	Therapeutic and supportive care and services in long-term care;								
SECTIO	ON H – Prese	enter/	/Instructor Information						
→ Pres	senter/Instru	ctor	#1: (List below name, education,	experience and/or training relating	to this C.E. presentation)				
Name:			First:	Middle:	Last:				
EDUC	ATION	То	tal Hours:	-					
Name o	of Educationa	l Inst	titutions:						
EXPER			al Hours:						
Type ar	nd Nature of	Expe	rience:						
TRAINI			al Hours:						
Name o	of Training Er	itities	: :						

Additional presenter/instructor space continued on next page

			ng relating to this C.E. presentation	··· <i>/</i>
Name:	First:	Middle:	Last:	
DUCATION	Total Hours:			
lame of Education	al Institutions:			
EXPERIENCE	Total Hours:			
Гуре and Nature of	Experience:			
	1			
TRAINING	Total Hours:			
Name of Training E	intities:			
▶ Presenter/Instr		name, education, experience and/or		ntation)
	uctor #3: (List below your First:	name, education, experience and/or Middle:	training relating to this C.E. prese l	ntation)
Name:	First:			ntation)
lame:				ntation)
Name: EDUCATION	First: Total Hours:			ntation)
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Presenter/Instr Name: EDUCATION Name of Education EXPERIENCE Type and Nature of TRAINING Name of Training E	Total Hours: Total Hours: Total Hours: Experience: Total Hours:			ntation)
Name: EDUCATION Name of Education EXPERIENCE Type and Nature of	Total Hours: Total Hours: Total Hours: Experience: Total Hours:			ntation)

timely manner.

After the Board has granted its written approval of the application, the provider is entitled to state upon its publications: This program is approved for ______(number) Nebraska Nursing Home Administration continuing education hours.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days

of the date of the approval letter.



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Nursing Home Administration APPLICATION FOR REVIEW OF A HOMESTUDY OR VIDEO CONTINUING EDUCATION PROGRAM

First: Middle: Last: program program program program program program program program program Yes Telephone N Date	1	N A - Name A	ON A -	ION A - Name And Addre		ur name a				ou the
City: State: Zip Fee: \$10 SECTION B - Homestudy/video program Information 1 Type of Program (Please check the applicable program)	Middle:				Middle:		Last:		program	provider?
Fee: \$10 SECTION B – Homestudy/video program Information 1 Type of Program (Please check the applicable program) Homestudy program Video 2 Name of Textbook or Other Documentation Utilized: 3 Describe how this Homestudy/video program is related to Nursing Home Administration 4 Number of Hours Requested for Approval: 5 Is an examination utilized to ensure completion of the homestudy/video? Yes If not, what mechanism is utilized? SECTION C - Method of Completion Verification. Attach a sample copy of the documentation the provider issues to licensees as proof of completing the program. Exam include, a certificate of completion or a letter from the provider verifying completion of the program. FOR OFFICE USE ONLY - BOARD DETERMINATION		O/Route:	/PO/Ro	t/PO/Route:					☐ Yes	☐ No
Fee: \$10 SECTION B – Homestudy/video program Information 1 Type of Program (Please check the applicable program) Homestudy program Video 2 Name of Textbook or Other Documentation Utilized: 3 Describe how this Homestudy/video program is related to Nursing Home Administration 4 Number of Hours Requested for Approval: 5 Is an examination utilized to ensure completion of the homestudy/video? Yes If not, what mechanism is utilized? SECTION C - Method of Completion Verification. Attach a sample copy of the documentation the provider issues to licensees as proof of completing the program. Exam include, a certificate of completion or a letter from the provider verifying completion of the program. FOR OFFICE USE ONLY - BOARD DETERMINATION	State				State:		7in		Telephon	e Number:
Fee: \$16 SECTION B - Homestudy/video program Information 1	State.				State.		ΖΙΡ			
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☐ Approved, hours credit				•		•	, <u> </u>			
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Denied, Reason:		·	•	· ·						
		ied, Reason:	nied, R	enied, Reason:						
(Signature of Reviewer) (Da						(Signature of Reviewe	er)		(Date)

Name	:	First:		Middle:		Last:	
Qualifications (List any education,		Education:					
experience and/or training that qualifies the individual to develop this continuing education program.)							
		Experience:					
		Training:					
	u may attach supporting docum rriculum vita, resume or docum				-		
SECT	TION E - Program Topic Area: I						
	Applicable standards of enviro	•					
<u> </u>	Applicable health and safety re	egulations;					
<u> </u>	General administration;						
	Psychology of patient care;						
	Principles of patient care;						
	Personal and social care of re-	sidents;					
	Therapeutic and supportive ca			re;			
	Facility departmental organiza		nt; and				
	Community health/service orga	anizations.					

of the date of the approval letter.